

MECHANICAL PERMIT APPLICATION

IF SUBSIDIARY, PROVIDE MASTER PERMIT NUMBER HERE:

Location of Improvements

Address _____ Unit _____
Folio _____

Contractor Information

Cert.No. _____
Contractor Name _____
Qualifier Name _____
Qualifier SS _____
Address _____
City _____ St _____ Zip _____
Phone _____

Use of Property

Current Use _____
Description of Work _____
Value of Work _____

Type of Improvements

() New Construction () Repair
() Alteration Interior () Repair due to Fire
() _____ () Renewal
() _____ () Change of Contractor

Owner Information

Name _____
Address _____
City _____ St _____ Zip _____
Phone _____

Architect / Engineer

Name _____
Address _____
City _____ St _____ Zip _____
Phone _____

Item

Qty

Air Conditioning Package (Tons)	
Air Conditioning Split (Tons)	
Air Handler	
Heater Strips (KW)	
Duct Work (L.F.)	
Air Conditioning Window / Thru Wall (Tons)	
Thermostat	
Kitchen Exhaust	
Bath Exhaust	
Dryer Vent	
Commercial Hood Vent	
Refrigeration (Tons)	
Above Ground Tanks	
Underground Tanks	
Chemical Fire System	
Fire Suppression Equipment	
Amusement Devices	

Other: _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for Building, Electrical, Plumbing, Signs, Pools, Mechanical, Window, Shutters and Roofing work and there may be additional permits required from other governmental agencies-

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.

WARNING TO OWNER If your job cost exceeds \$2500.00 you must file a Notice of Commencement with the Clerk of the Courts in Miami-Dade County. Failure to do so may result in you paying twice for the improvements to your property. If you intend to obtain financing, consult your attorney or lender before recording your Notice of Commencement.

Signature of Owner or Owner's Agent _____

Print Name _____

Sworn to and subscribed to me this _____ day of _____ 20

Personally known () Produced Identification ()

Type of Identification Produced _____

Signature of Qualifier _____

Print Name _____

Sworn to and subscribed to me this _____ day of _____ 20

Personally known () Produced Identification ()

Type of Identification Produce _____